

CAMPBELL COUNTY DEPARTMENT OF HOUSING

P.O. BOX 72424

NEWPORT, KY 41072-0424

(859)261-5200/ (859)261-0577 FAX

Ten Day Change Reporting Policy

All changes to applications for continued assistance with Campbell County Department of Housing and pre-applications for Campbell County Department of Housing's waiting list must be submitted in writing within ten days of the date of the change. Changes are to be reported via the "Ten Day Change Form."

Documentation to verify the change must accompany the form at the time of submission in order to be accepted. All Change forms submitted without acceptable documentation will be returned. Faxed information and Change Reports will only be accepted with prior authorization from your Case Worker and the original Ten Day Change Form will still be required to be submitted.

It is the tenant's responsibility to follow up to ensure all changes are reported and received in the time frame allotted. Failure to do so can result in termination of assistance, repayment of HAP, delays in processing eligibility for Section 8, or all three.

Acceptable documentation for reporting changes include, but is not limited to:

New Income: Pay Stubs, Letter from employer on Letterhead (*must state rate of pay, date started, and first paid and applicable pay periods i.e. weekly, bi-weekly, etc*).

Loss of Income: Letter from employer stating last day of employment and last day paid.

Child Care: Statement from Child care provider with name address and phone number including amount paid by participant.

Medical Deductions: Statement from provider stating amount owed and amount paid including address, phone number and any contact name.

Prescription print out and statement from physician noting ongoing expense

Add Household Members: Letter from landlord giving permission to add specific person to household including date of move in; a copy of the individuals ID, social security card and birth certificate (*for minors only*); custody papers. If applicable, income, assets and applicable deduction documentation for new household member

Remove Household Members: Proof of loss of custody; letter from adult member requesting to be removed from lease, include new address; court documents verifying the individual's need to be removed (*domestic violence, etc*)

Change Form and proper documentation must be submitted on or before the 25th of the month in order to process rent changes for the following month.

Head of Household Signature

Date

Other Household Member Signature

Date

(DON'T FORGET TO SIGN LAST PAGE OF THIS FORM TOO)

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TEN DAY CHANGE FORM

THE FOLLOWING HOUSEHOLD HAS CHANGES TO REPORT

HEAD OF HOUSEHOLD: _____

ADDRESS: _____

PHONE #: _____

PLEASE COMPLETE THE SECTION(S) THAT APPLY TO YOUR CHANGES
VERIFICATION FOR EACH REPORTED CHANGE MUST ACCOMPANY THIS FORM

INCOME CHANGES:

INCOME INCLUDES, BUT IS NOT LIMITED TO: WAGES, CHILD SUPPORT, KTAP, SOCIAL SECURITY, FAMILY CONTRIBUTIONS, ETC

NEW INCOME:

HOUSEHOLD MEMBER WITH NEW INCOME	SOURCE OF INCOME/CONTACT INFORMATION*	EST. MONTHLY INCOME	DATE INCOME BEGAN

*source of income means where the income is coming from (social security, job, child support, etc.). Provide contact address/phone number.

LOST INCOME:

HOUSEHOLD MEMBER WITH LOST INCOME	SOURCE OF INCOME/CONTACT INFORMATION*	EST. MONTHLY INCOME	DATE INCOME ENDED

CHILD CARE:

THERE MUST BE A 25% INCREASE IN TOTAL EXPENSES FOR ADJUSTMENTS TO BE MADE

CHILD CARE PROVIDER: _____ **PHONE:** _____

ADDRESS: _____ **BEGIN /END DATE:** _____

AMOUNT PAID: _____ **PER: HOUR / WEEK / BIWEEKLY / MONTHLY (CIRCLE ONE)**

MEDICAL EXPENSES:

THERE MUST BE A 25% INCREASE IN TOTAL EXPENSES FOR ADJUSTMENTS TO BE MADE

PRESCRIPTION EXPENSES:

PHARMACY: _____ **ADDRESS:** _____

DATE OF INCREASE: _____ **ESTIMATED EXPENSE PER MONTH:** _____

MEDICAL:

PROVIDER: _____ **ADDRESS:** _____

DATE OF INCREASE: _____ **ESTIMATED EXPENSE PER MONTH:** _____

REQUEST TO ADD MEMBERS TO HOUSEHOLD

Only the people currently listed on your application may live in your household. Should you wish to add individuals to your assisted household, you must complete the following form and supply the listed verification. Change forms are only considered complete when submitted with all required documentation. It is required that approval be granted before moving in any new household members, with the exception of new births.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	REQUESTED MOVE IN DATE

YOU MUST PROVIDE THE FOLLOWING DOCUMENTATION WHEN REQUESTING TO ADD A HOUSEHOLD MEMBER:

- ☐ Written permission from landlord to add this specific household member to your lease
- ☐ Social Security Card
- ☐ Photo ID (*18 years of age and older*)
- ☐ Birth Certificate (*for minors*)
- ☐ Guardianship papers (*for minors that are not your immediate relative*)

THE FOLLOWING FORMS NEED TO BE SIGNED IN ORDER TO ADD A HOUSEHOLD MEMBER:

- ☐ Section 214 Citizenship Status
- ☐ State Background check (*18 years of age or older*)

YOU MUST ALSO SUBMIT ANY CHANGES IN THE FOLLOWING AREAS (*IF APPLICABLE*) FOR ALL NEW HOUSEHOLD MEMBERS:

- ☐ Income
- ☐ Child Care Expenses (*If you qualify*)
- ☐ Medical Expenses (*If you qualify*)

REQUEST TO REMOVE MEMBERS FROM HOUSEHOLD

Only the people currently listed on your application may live in your household. Should you wish to remove individuals from your assisted household, you must complete the following form and supply the listed verification. Change forms are only considered complete when submitted with all required documentation.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	REQUESTED MOVE OUT DATE

YOU MUST PROVIDE THE FOLLOWING DOCUMENTATION WHEN REQUESTING TO REMOVE A HOUSEHOLD MEMBER:

- ☐ Letter from any adults being removed stating their request to be removed from assisted application and unit's lease.
- ☐ Proof of loss of custody
- ☐ Court documents that verify a household member's need to be removed from the household (e.g. *domestic violence*)

YOU MUST ALSO SUBMIT ANY CHANGES IN THE FOLLOWING AREAS (IF APPLICABLE) AS A RESULT OF THE REMOVAL:

- ☐ Income
- ☐ Child Care Expenses (*If applicable*)
- ☐ Medical Expenses (*If applicable*)

IF YOU DO NOT PROVIDE COMPLETE INFORMATION, SIGN THE FORM, OR IF YOU FAIL TO PROVIDE COMPLETE VERIFICATION, ONE OF THE FOLLOWING MAY TAKE PLACE:

- ✓ If you are reporting an increase in your income, your rent change may be delayed, which could result in a balance due by the assisted family to be paid back to the housing authority.
- ✓ If you are reporting a decrease in your income, any applicable rent reductions could be delayed.
- ✓ Individuals that are living in as assisted unit prior to housing authority approval will result in termination of assistance, with the exception of newborns.

I/We verify that the information contained herein is correct and complete to the best of my/our knowledge. I understand that it is my/our responsibility to follow up and ensure changes have been accurately and completed reported.

Signature

Date

Signature

Date